

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|---|---|---|---|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) 00000001 | 2 PAGE # 1 of 11 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI Mr. CARLOS | | OFFICE USE ONLY Date Received MAY 02 2014 <i>S. U. Little</i> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged MAY 02 2014 |
| | NICKNAME LAST SUFFIX SALINAS | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3845 ROYAL TROON DRIVE ROUND ROCK, TX 78664-6228 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. BRIGIDO | | |
| | NICKNAME LAST SUFFIX BRIG MIRELES | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 16900 BRAYTON PARK DRIVE AUSTIN, TX 78717-5518 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 388-2467 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | |
| 9 PERIOD COVERED | Month Day Year Month Day Year 04/01/2014 THROUGH 04/30/2014 | | |
| 10 ELECTION | ELECTION DATE Month Day Year 05/10/2014 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) Round Rock City Council District 4 | | 12 OFFICE SOUGHT (if known) Round Rock City Council District 4 |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C/OH NAME SALINAS, CARLOS (Mr.)

14 ACCOUNT # (Ethics Commission filers)
0000000115 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

670.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

4,723.36

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

13,470.57

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

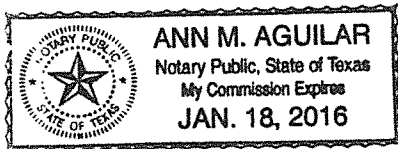
274.09

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Salinas, this the 2 day
of May, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|---|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 1/4 Report: 3/11 | |
| 2 FILER NAME SALINAS, CARLOS (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 04/05/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alaniz, Jaime R. (Mr.) 6 Contributor address; City; State; Zip Code 2234 Buena Vista Lane Round Rock, TX 78664 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) Section Manager | | 10 Employer (See Instructions) State Farm | |
| Date 04/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlin, David (Mr.) Contributor address; City; State; Zip Code 258 Courtnees Way Georgetown, TX 78626 | Amount of contribution (\$) \$40.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Summitt Realty | |
| Date 04/21/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlin, David (Mr.) Contributor address; City; State; Zip Code 258 Courtnees Way Georgetown, TX 78626 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Summitt Realty | |
| Date 04/29/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chavez, Jesus (Dr.) Contributor address; City; State; Zip Code 1007 Collingwood Cove Round Rock, TX 78665 | Amount of contribution (\$) \$265.00 | In-kind contribution description (if applicable) Postage and envelopes for mailing to personal mail list |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Retired | |
| Date 04/05/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizalde, Gilbert (Mr.) Contributor address; City; State; Zip Code 15701 Depeer Drive Austin, TX 78717 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Retired | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 2/4 Report: 4/11 | |
| 2 FILER NAME SALINAS, CARLOS (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 04/06/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emerson, Paul (Mr.) 6 Contributor address; City; State; Zip Code 1813 Paradise Ridge Dr Round Rock, TX 78665-5628 | 7 Amount of contribution (\$) \$50.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) Budget Analyst | | 10 Employer (See Instructions) Texas Association of Counties | |
| Date 04/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Franco, Jesus N. (Mr.) Contributor address; City; State; Zip Code 208 S. Blair Round Rock, TX 78764-5810 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Safety Engineer | | Employer (See Instructions) Retired | |
| Date 04/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garcia, Michael D. (Mr.) Contributor address; City; State; Zip Code 303 River Crossing Trail Round Rock, TX 78665-2831 | Amount of contribution (\$) \$30.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Safety Engineer | | Employer (See Instructions) 3M | |
| Date 04/25/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maxwell, Thomas Nyle (Mr.) Contributor address; City; State; Zip Code 3400 Vintage Drive Round Rock, TX 78664-7902 | Amount of contribution (\$) \$2,338.36 | In-kind contribution description (if applicable) Printing and postage for mailing to personal mail list |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions) Maxwell Auto Dealership | |
| Date 04/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mireles, Brigido H. (Mr.) Contributor address; City; State; Zip Code 16900 Brayton Park Drive Austin, TX 78717-5518 | Amount of contribution (\$) \$20.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Adjunct Professor | | Employer (See Instructions) Austin Community College | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 3/4 Report: 5/11 | |
| 2 FILER NAME SALINAS, CARLOS (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 04/01/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, David (Mr.) 6 Contributor address; City; State; Zip Code P.O. Box 694 Round Rock, TX 78680-0694 | 7 Amount of contribution (\$) \$100.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) Retired | |
| Date 04/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mowdy, Thomas C. (Ms.) Contributor address; City; State; Zip Code 1805 Carey Ave Taylor, TX 76574 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Major | | Employer (See Instructions) US Army (Retired) | |
| Date 04/06/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Gonzalo A. (Mr.) Contributor address; City; State; Zip Code 32 Fairview Drive Round Rock, TX 78665 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Retired | |
| Date 04/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Gordon (Mr.) Contributor address; City; State; Zip Code 406 E. Austin Round Rock, TX 78664 | Amount of contribution (\$) \$40.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Administrator | | Employer (See Instructions) Round Rock ISD | |
| Date 04/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perez, Gordon (Mr.) Contributor address; City; State; Zip Code 406 E. Austin Round Rock, TX 78664 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Administrator | | Employer (See Instructions) Round Rock ISD | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. | | 1 PAGE # Schedule: 4/4 Report: 6/11 | |
| 2 FILER NAME SALINAS, CARLOS (Mr.) | | 3 ACCOUNT # (Ethics Commission filers) 00000001 | |
| 4 Date 04/12/2014 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ricklefs, Dale (Ms.) 6 Contributor address; City; State; Zip Code 4 Stillmeadow Round Rock, TX 78664 | 7 Amount of contribution (\$) \$20.00 | 8 In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) Retired | |
| Date 04/09/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanchez, Homer (Mr.) Contributor address; City; State; Zip Code 1608 Mayfield Drive Round Rock, TX 78681 | Amount of contribution (\$) \$100.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Retired | |
| Date 04/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Truan, Rene D. (Mr.) Contributor address; City; State; Zip Code 2252 Fernspring Drive Round Rock, TX 78665 | Amount of contribution (\$) \$50.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/12/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wilcox, Crystal (Ms.) Contributor address; City; State; Zip Code 3528 Longhorn Trl Round Rock, TX 78665 | Amount of contribution (\$) \$30.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) State Farm | |
| Date 04/01/2014 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Zamarripa-, Stephen (Mr.) Contributor address; City; State; Zip Code 2304 N. Shields Dr Austin, TX 78727 | Amount of contribution (\$) \$200.00 | In-kind contribution description (if applicable) |
| | | (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> | |
| Principal occupation / Job title (See Instructions) Principal | | Employer (See Instructions) Round Rock ISD | |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|---|--|---|---|--------------|
| 1 PAGE # Schedule: 1/5 Report: 7/11 | | 2 FILER NAME SALINAS, CARLOS (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 04/07/2014 | 5 Payee name Build a Sign | | | | |
| 6 Amount (\$) \$463.31 | 7 Payee address City; State; Zip Code www.builtasign.com | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 4'x8' campaign signs | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 04/14/2014 | Payee name Color Factory | | | | |
| Amount (\$) \$1,300.00 | Payee address City; State; Zip Code 600 Gabriel Hills Lane Round Rock, TX 78664 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Web Design | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design and maintenance of campaign website | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 04/14/2014 | Payee name Community Impact Newspaper | | | | |
| Amount (\$) \$3,004.20 | Payee address City; State; Zip Code 16225 Impact Way Suite 1 Pflugerville, TX 78660 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political advertising | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 04/04/2014 | Payee name FedEx Office Print & Ship Centers | | | | |
| Amount (\$) \$49.15 | Payee address City; State; Zip Code 451 W Louis Henna Blvd Austin, TX 78728 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing walk lists | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|---|--|--|--|
| 1 PAGE # Schedule: 2/5 Report: 8/11 | | 2 FILER NAME SALINAS, CARLOS (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 04/10/2014 | | 5 Payee name H-E-B | | | |
| 6 Amount (\$) \$112.75 | | 7 Payee address City; State; Zip Code 4502 FM 2336 Georgetown, TX 78628 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for fundraiser | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 04/01/2014 | | Payee name Lewis RR Properties, Ltd | | | |
| Amount (\$) \$1,000.00 | | Payee address City; State; Zip Code 1102 Martin Avenue Round Rock, TX 78681 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office rent | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 04/29/2014 | | Payee name Lewis RR Properties, Ltd | | | |
| Amount (\$) \$387.09 | | Payee address City; State; Zip Code 1102 Martin Avenue Round Rock, TX 78681 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign office rent through 04/12/2014 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 04/10/2014 | | Payee name Minuteman Press | | | |
| Amount (\$) \$907.26 | | Payee address City; State; Zip Code 715 Discovery Blvd, #401 Cedar Park, TX 78613 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Post cards for mail out | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--|
| 1 PAGE # Schedule: 3/5 Report: 9/11 | | 2 FILER NAME SALINAS, CARLOS (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 04/23/2014 | | 5 Payee name Minuteman Press | | | |
| 6 Amount (\$) \$902.27 | | 7 Payee address City; State; Zip Code 715 Discovery Blvd, #401 Cedar Park, TX 78613 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing post cards for mail out | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 04/01/2014 | | Payee name Misty Beach, Inc. | | | |
| Amount (\$) \$214.99 | | Payee address City; State; Zip Code 420 Lincoln Road, Suite 390 Maimi Beach, FL 33139 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Printing Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing - push cards | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 04/14/2014 | | Payee name People Calling People | | | |
| Amount (\$) \$412.00 | | Payee address City; State; Zip Code 3948 Legacy Drive Suite 106 PMB 272 Plano, TX 75023-8300 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) OTHER - Voter Data | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone numbers look up | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |
| Date 04/10/2014 | | Payee name Sam's Club | | | |
| Amount (\$) \$255.66 | | Payee address City; State; Zip Code 130 Sundance Parkway Suite 300 Round Rock, TX 78681 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Event Expense | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Supplies for fundraiser | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: Office held: | |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--------------|
| 1 PAGE # Schedule: 4/5 Report: 10/11 | | 2 FILER NAME SALINAS, CARLOS (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 04/14/2014 | 5 Payee name Super Cheap Signs | | | | |
| 6 Amount (\$) \$841.64 | 7 Payee address City; State; Zip Code 9804 Gray Blvd Austin, TX 78758 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> 18x24, 2 sided, 2 color yard signs with wire frames | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 04/10/2014 | Payee name Torres, Richard (Mr.) | | | | |
| Amount (\$) \$200.00 | Payee address City; State; Zip Code 3603 Spring Canyon Trail Round Rock, TX 78681 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Voter data | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Acquisition of voter database | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 04/10/2014 | Payee name United States Postal Service | | | | |
| Amount (\$) \$1,679.80 | Payee address City; State; Zip Code Cedar Park, TX 78613-9998 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Postage | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage for mail out | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |
| Date 04/23/2014 | Payee name United States Postal Service | | | | |
| Amount (\$) \$1,660.45 | Payee address City; State; Zip Code Cedar Park, TX 78613-9998 | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) OTHER - Postage | | Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage for mail out | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office sought: | | Office held: |

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

| | | | | | |
|--|--|--|--|---|--------------|
| 1 PAGE # Schedule: 5/5 Report: 11/11 | | 2 FILER NAME SALINAS, CARLOS (Mr.) | | 3 ACCOUNT # (TEC filers) 00000001 | |
| 4 Date 04/25/2014 | | 5 Payee name Williamson County Elections Office | | | |
| 6 Amount (\$) \$80.00 | | 7 Payee address City; State; Zip Code Georgetown, TX 78626 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) OTHER - Early voter lists | | (b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Daily early voter list | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought: | Office held: |